

# **Mental Health Services Act-- Community Services and Supports Planning Process Feedback**

**“What We Heard You Say...”**

**April 5 and 6, 2005**

**MHSA General Stakeholder Meetings**

# MHSA Stakeholder Process

- DMH has received input from a variety of sources
  - General Stakeholder meeting
  - Workgroups
  - Letters/Position Papers
  - Meetings/presentations to various groups
  - E-mails to [MHSA@dmh.ca.gov](mailto:MHSA@dmh.ca.gov)
  - Phone calls to 1-800-972-6472

# Presentation

- What We've Heard
  - Brief summary of the major themes
    - Suggestions for change
  - Detailed summaries of comments from stakeholder meetings and workgroups are on the web at [MHSA@dmh.ca.gov](mailto:MHSA@dmh.ca.gov)
- DMH Preliminary Proposed Changes
  - To the Community Services and Supports Program and Expenditure Plan requirements

# Overall

- Wide variety of opinions, ranging from
  - Draft requirements substantially reflect and promote system transformation and strike the right balance between community flexibility and state direction
  - Consistent with vision/values of MHSA
- To
  - Disagreement with the prescriptive level of the document and the priorities established.



# Theme: Embedding Cultural Competence

- Suggestions:
  - Include ethnicity and gender in more of the required data
  - There needs to be de-stigmatization for all populations
  - Evidence Based Practices do not include cultural competence issues; more research is needed
  - Increase emphasis on reduction of ethnic disparities in public mental health services
  - Include native tribes in county planning
  - Culture and lifestyle must be included in all discussions
  - Collaborate with community leaders, churches, faith-based organizations and community health clinics and other primary care providers
  - To improve staffing, provide higher pay for bilingual or multi-lingual staff who must be certified

# Theme: Children, Youth and Their Families

- Suggestions:
  - CSOC and wraparound are MHSA basic concepts, need more emphasis
  - Homelessness should be included as focal population
  - The values and goals described in the CSOC framework are not adequately emphasized
  - Current language reads as an “adult” document rather than reflecting the language of children, older adult or transition age youth
  - Current resilience definition needs to be changed to be more supportive of the positive role of parents
  - SOC should be a model for enrolled families
  - “Recovery” is adult language; “Full inclusion” is more pertinent for children who do not recover in the same way

# Theme: Increased Focus on Peer Support and Family Education Services

- Suggestions:
  - Provide models or templates for self-help groups
  - It seems like peer programs are in the margins, not in the center
  - Do not forget current problems and current clients as we create new systems
  - Transportation is a huge issue
  - Clients in self-help groups do not want to report to the county; They may not trust the county
  - Provide peer support for those with dual disabilities



# Theme: Enrollment

- Suggestions
  - Need to change the language to membership or participant
  - Maintain balance of focus on services and “slots” for enrolled members and increasing variety and amount of MHSA services for others in need
  - Change requirements to allow strategies selected by local planning process.
  - Need to maintain the requirement to be consistent with the MHSA
  - “No substitute for enrollment for evaluation purposes”
  - The concept of “whatever it takes” has more to do with the underlying concept rather than enrollment



# Theme: Small Counties

- Suggestions:

- Agree with need for flexibility in requirements for small counties, recognizing resource restrictions
- Small counties need more money and staff because of geographic distances and small pockets of population
- Encourage cross-county and cross-agency collaboration
- Provide assistance to help use our funds locally to help with housing. Counties need flexibility for setting people up in apartments

# Theme: Involuntary Treatment

- Suggestions:
  - Eliminate the option to fund an expansion of involuntary treatment. Other funds can be used for that. This is contrary to the intent of the MHSA.  
(Comments included:
    - Some involuntary care is essential.
    - The MHSA was to focus on expansion of voluntary care.)
  - The goal to reduce involuntary services should be retained.
  - Requirements should balance the needs of the caregivers with the alternatives offered to the person diagnosed with SED or SMI in a time of crisis

# Theme: Outcomes and Performance Measures

- Suggestions

- Need to add focus on individual needs and outcomes
- Ensure that there are outcomes from the beginning—critical for accountability.
- Reduce the requirements for documenting outcomes—the new paperwork will take away from service provision
- Integrate outcomes more throughout the document
- Use independent audits versus specific measures for outcomes
- Focus on outcomes rather than programs:
  - Safe living environment
  - Supportive relationships
  - Meaningful way to use one's time

# Theme: Short-Term Strategies

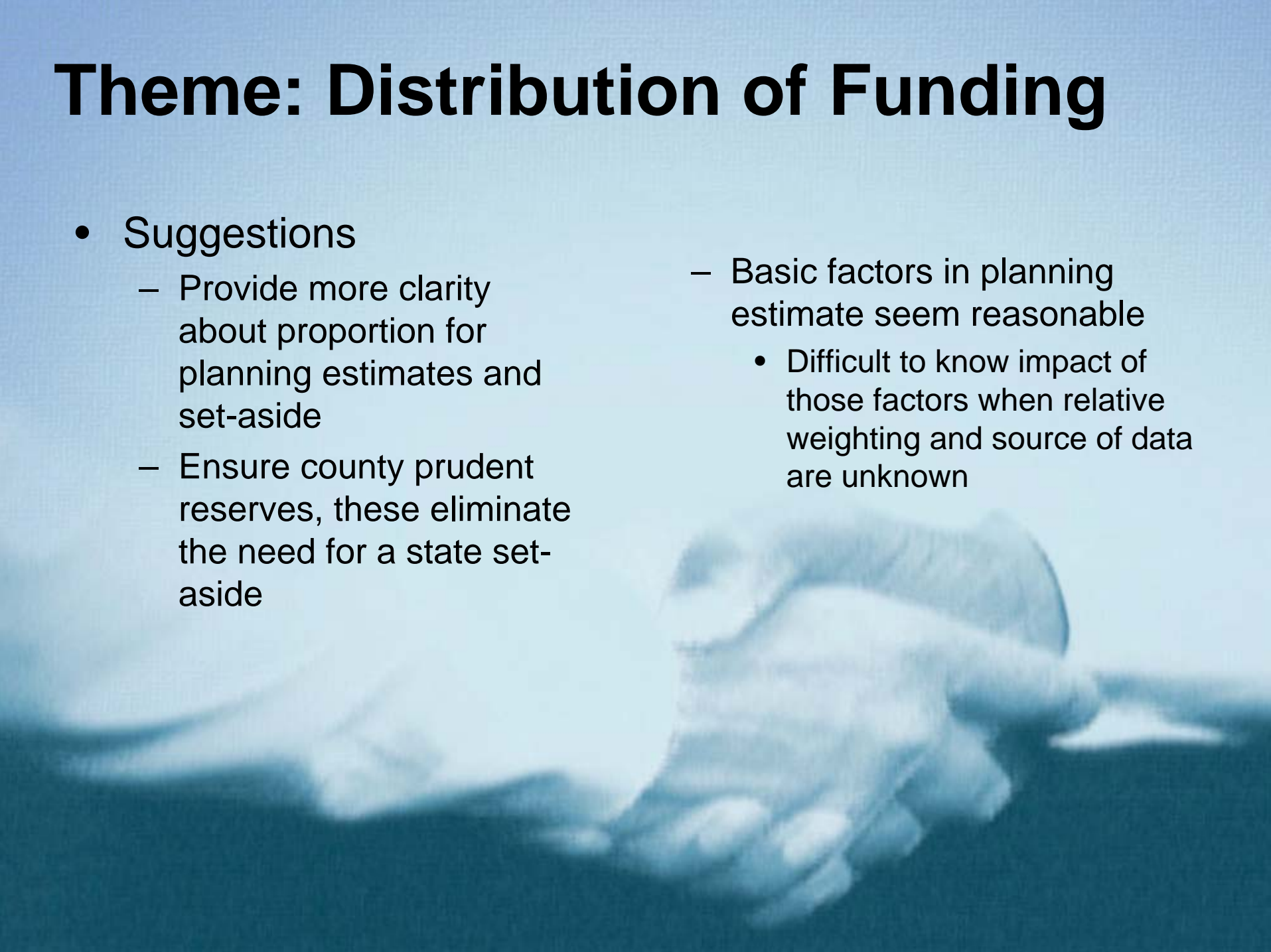
- Suggestions
  - Expand training
    - Need training for transformation: tools and technical assistance
    - Statewide coordination
    - Focus on education to family and clients is fundamental
  - Support for telemedicine and Network of Care
  - Utilize the statewide suicide prevention plan and fund the start-up





# Theme: Distribution of Funding

- Suggestions
  - Provide more clarity about proportion for planning estimates and set-aside
  - Ensure county prudent reserves, these eliminate the need for a state set-aside
- Basic factors in planning estimate seem reasonable
  - Difficult to know impact of those factors when relative weighting and source of data are unknown



# Theme: Funding limitations

- Suggestions

- Maintain requirement that funding should not be allowed prior to approval of plan to ensure transformation for all populations served
- Allow use of funds prior to approval of plan so expanded services can begin quicker
- Stakeholder process should be used for non-supplant/maintenance of effort requirements
- Since the non-supplant/maintenance of effort requirements are technical legal interpretations, state should issue policy as final.

# Theme: Overall requirements

- Suggestions
  - Need to streamline overall requirements, current draft plan requirements are overwhelming
  - Reduce requirements for planning description
  - Budget formats are too complex and inconsistent with current systems
  - Submit workforce analysis separately
  - Provide examples



# Next Steps on CSS Draft Plan Requirements

- Next, we are going to review the preliminary changes proposed by DMH in response to comments/concerns
  - Changes not proposed in all areas of concern
- Additional stakeholder feedback by April 11
- Final CSS plan requirements released May 15, 2005
  - Including financing



# Preliminary Changes Proposed by DMH: Embedded Cultural Competence

- What we are doing with your feedback
  - Revise staffing forms to require more data on ethnicity and gender
  - Require periodic reporting on improvements in access for ethnic populations
  - Clarify that outreach in stakeholder process needs to include Native Americans

# **Preliminary Changes Proposed by DMH: Children, Youth and Their Families**

- What we are doing with your feedback
  - Change language in requirements to make more consistent with children/youth services
  - Reaffirm department's commitment to children's system of care principles and outcomes
  - Emphasize MHSA requirements for child/youth services, including wraparound

# **Preliminary Changes Proposed by DMH: Increased Focus on Peer Support and Family Education Services**

- What we are doing with your feedback
  - Require expansion of peer support and family education services to be a component of the CSS three-year plan
  - As part of the Education and Training component, propose that one of the initial priorities be focus on increased consumer/family employment

# Preliminary Changes Proposed by DMH: Enrollment

- What we are doing with your feedback
  - Revise the language to clarify that the strategy is for counties to begin to move toward full service commitment to the clients and families
  - Counties will be requested to identify their priority focal populations and how many clients they can commit to serve in the initial plan



# Preliminary Changes Proposed by DMH: Small County

- What we are doing with your feedback
  - Considering changes to decrease administrative burden of plan and implementation for small counties, while maintaining critical elements for transformation
  - Including small county minimum in proposed distribution formula

# Preliminary Changes Proposed by DMH: Outcomes and Performance Measures

- What we are doing with your feedback
  - Scheduling three stakeholder workgroups to begin May 4, 2005 to get input on performance measures
  - Add focus on impact of untreated mental illness on individuals and include individual measures in performance measurement
  - Establishing interim progress reports to ensure that counties implement their plans

# Preliminary Changes Proposed by DMH: Short Term Strategies

- What we are doing with your feedback
  - Offered funding for collaborative training
    - Client Network, NAMI-CA, UACC, and MHA
  - Continuing to evaluate potential implementation of Network of Care and Telemedicine
  - Working on statewide suicide prevention plan

# Preliminary Changes Proposed by DMH: Overall Requirements

- What we are doing with your feedback
  - Review plan requirements for opportunities to streamline while maintaining commitment to promoting transformation
    - Allow summaries of planning process for those with fully approved planning funding requests
    - Require completion of staffing assessment as part of Education and Training component rather than as CSS plan requirement
    - Continuing review of other strategies



# Appreciation

- Stakeholder input has been thoughtful
- The quality of the final document will be substantially improved as a direct result of the comments received
- DMH appreciates the efforts of all who've assisted us in this process